

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/089356</b>	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51		
2	/						52		
3	/						53		
4	/						54		
5	/						55		
6	/						56		
7	/						57		
8	/						58		
9	/						59		
10	/						60		
11	/						61		
12	/						62		
13	/						63		
14	/						64		
15	/						65		
16	/						66		
17	/						67		
18	/						68		
19	/						69		
20	/						70		
21	/						71		
22	/						72		
23			/				73		
24				/			74		
25				/			75		
26			/				76		
27			/				77		
28				/			78		
29				/			79		
30				/			80		
31				/			81		
32				/			82		
33				/			83		
34				/			84		
35				/			85		
36				/			86		
37				/			87		
38				/			88		
39				/			89		
40				/			90		
41				/			91		
42				/			92		
43				/			93		
44				/			94		
45				/			95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1		3				TOTAL IND.		
TOTAL DEP.	21		20				TOTAL DEP.		
TOTAL CLAIMS	22		23				TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS